

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 572  
Registered No. 568

1. PLACE OF BIRTH

County Gila

State Arizona

District or Township

or Village

City Miami

No. 1030 Sullivan St.

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child Enrique Corral

(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male  
To be answered ONLY in event of plural births.

4. Twin, triplet or other \_\_\_\_\_

6. Legitimate? yes

7. Date

of birth May 14 - 1930.  
Month Day Year

8.

FATHER

Full name

Gregorio Corral

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona.

10. Color or race

Mex.

11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country)

Durango Mex.

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Guadalupe Gutierrez

15. Residence

(Usual place of abode)

Miami.

If non-resident, give place and state.

Arizona.

16. Color or race

Mex

17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Sonora

Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother \_\_\_\_\_

(Taken as of time of birth of child herein certified and including this child.) 2

(a) Born alive and now living 2

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

born alive at 3:20 A. M. on the date above stated.

(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Eyril M. Brown M.D.

(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

Address

Miami, Arizona

Registrar.

Filed June 17 1930

Registrar.

533-514-779